

## NARA SERIES INVENTORY FORM

<b>1. Series Title/Number</b>	<b>2. Location</b> (Room #; central files, individual's desk, H drive (full path), S Drive (full path), etc.)
<b>3. Series Description</b> (Type of records – correspondence, reports, forms, directives, case files, etc. – and purpose. Include medium: paper, microform, electronic, floppy discs, cds, software).	
<b>4. Inclusive Dates</b>	<b>5. Finding aid(s)</b> <input type="checkbox"/> Yes (Attach a copy.) <input type="checkbox"/> No
<b>6. Arrangement</b>  <input type="checkbox"/> By Subject <input type="checkbox"/> Alphabetically by (specify) _____ <input type="checkbox"/> Numerically by (specify) _____ <input type="checkbox"/> Numerically by Series Number _____ <input type="checkbox"/> Chronologically <input type="checkbox"/> Geographically by (specify) _____ <input type="checkbox"/> Other (specify) _____	<b>7. Reference Activity</b>  <input type="checkbox"/> Current (At least once a month per file unit) *VOLUME _____ <input type="checkbox"/> Semicurrent (Less than once a month per file) *VOLUME _____ <input type="checkbox"/> Noncurrent (Not used for current agency business) *VOLUME _____ <i>*Account for all locations.</i>
<b>8. Volume</b>  a. Volume on hand _____ b. Estimated Annual Accumulation _____	<b>9. How should these records be cut off?</b>  <input type="checkbox"/> Annually <input type="checkbox"/> Close of Transaction <input type="checkbox"/> Other (specify) (FY/CY)
<b>10. Are some or all of the records duplicated in another office or held by other staff members?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </div> <i>(If "yes," note where the records are duplicated and if they are in a different medium (i.e. electronic etc.)</i>	<b>11. Are the records considered "vital records?"</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </div>
	<b>12. Restrictions on Access and Use</b>  <input type="checkbox"/> N/A <input type="checkbox"/> Security-Classified <input type="checkbox"/> Privacy Act System <input type="checkbox"/> FOIA Exemption (Specify) _____

### 13. Disposition Authority

Are the records scheduled?

☐ "Yes." Note the file number and retention period.

a. Is the retention period adequate for business and/or legal needs? ☐ Yes ☐ No

If "no," propose an appropriate retention period and include a brief justification in the "Comments" section (Block 19).

b. Do you agree with the appraisal (Temporary OR Permanent)? ☐ Yes ☐ No

If "no," propose an alternative and provide a brief justification in the "Comments" section (Block 19).

☐ "No" OR "I Don't Know." Propose an appropriate retention period and provide a brief justification in the "Comments" section (Block 19).

### 14. Records Center Retirement

a. If these are scheduled records, are these records currently supposed to be retired to a records center? ☐ Yes ☐ No

If "yes," are there any records not yet retired, but eligible for retirement? ☐ Yes ☐ No

If "yes," how many records (in cubic feet) and where are they located?

If "no," should retirement instructions be added and what should they be?

b. If these records are NOT scheduled, should retirement instructions be added and what should they be?

### 15. Archival Transfers

If the records are already scheduled as "PERMANENT," are there any segments now eligible for transfer to the National Archives?

☐ Yes. How many records (in cubic feet) and where are they located?

☐ No

### 16. Point of Contact for the Series (Include Office Symbol and Phone Number)

### 17. Person Preparing Inventory

### 18. Date of Inventory

### 19. Comments